

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **25649**
Registrar's No. **256**

FILED AUG 29 1955

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 256	
1. PLACE OF DEATH a. COUNTY COLE				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Mo b. COUNTY GASCONADE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY		c. LENGTH OF STAY (in this place) 15 hrs		c. CITY OR TOWN GASCONADE		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION CHAS. E. STILL HOSPITAL				e. STREET ADDRESS (If rural, give location) 0370			
3. NAME OF DECEASED (Type or Print) a. (First) ALMA		b. (Middle) MAY		c. (Last) HART		4. DATE OF DEATH (Month) (Day) (Year) AUG 25 1955	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAY 3-1905	
9. AGE (in years last birthday) 50		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		11. BIRTHPLACE (City and State or Foreign Country) MENDON Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME W. F. BENNETT		13b. MOTHER'S MAIDEN NAME GERTRUDE HEARNEY		14. NAME OF HUSBAND OR WIFE JESSE L. HART			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JESSE L. HART GASCONADE Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure INTERVAL BETWEEN ONSET AND DEATH 5 min. ANTECEDENT CAUSES Thyroiditis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 2520 DUE TO (c) 2520 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nephritis INTERVAL BETWEEN ONSET AND DEATH 8 mo.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Aug 24 , 1955, to Aug. 25 , 1955, that I last saw the deceased alive on Aug. 24 , 1955, and that death occurred at 12:45 PM , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. G. Davis M.D.				23b. ADDRESS Mo		23c. DATE SIGNED 8/26/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8/28/55		24c. NAME OF CEMETERY OR CREMATORY GASCONADE Cem.		24d. LOCATION (City, town, or county) (State) GASCONADE Mo	
DATE REC'D BY LOCAL REG 27 Aug 1955		REGISTRAR'S SIGNATURE R. G. Davis M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Heugost		ADDRESS HERMANN Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

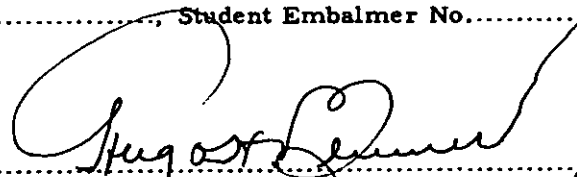
MS
EST. 1860

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....



Licensed Embalmer No. 316

P. O. Address Hermann

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.